

## **0398.40 CASH AND COUNSELING WAIVER (PERSONAL CHOICE PROGRAM)**

### **0398.40.05 OVERVIEW** **EFF:03/2006**

The Department of Human Services (DHS) offers a program (commonly referred to as the PersonalChoice Program) of participant-directed home and community-based services to people with disabilities (who are at least eighteen (18) years of age) or who are aged (sixty five (65) years and over) who would normally require the services of a Nursing Facility (NF). The program is operated under a Waiver approved by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services.

The waiver allows the program to waive service comparability. The services of this program supplement the existing scope of services already provided by Medical Assistance, Medicare, and other programs and services.

### **0398.40.10 GOALS:** **EFF:03/2006**

The goals of the program are:

- o To reduce unnecessary institutionalization by providing specialized home and community-based services to qualified Medical Assistance recipients; and,
- o To provide the services at an aggregate cost which is less than or equal to the cost of institutional care.

As the single state agency responsible for the Medical Assistance Program, DHS retains administrative responsibility for the PersonalChoice Program.

### **0398.40.15 ELIGIBILITY CRITERIA** **EFF:03/2006**

The Personal/Choice Program is designed to assist individuals who are either aged (age sixty five (65) years and older) or have a disability and are at least eighteen (18)

years old who are Medical Assistance eligible (or would be if institutionalized) and who:

- o Require the level of care provided in a Nursing Facility
- o Are eligible as Categorically or Medically Needy
- o Have demonstrated the ability and competence to direct their own care or have a qualified designated representative to direct care;

### **0398.40.20 SERVICES**

#### **EFF:03/2006**

Waiver services recipients receive the normal scope of Medical Assistance services. In addition to the normal Medical Assistance services, eight (8) special services are provided under the Waiver. In some cases, the individual may be responsible for a portion of the cost of the Waiver services.

Waiver services are:

#### o SERVICE ADVISEMENT

The Service Advisor team consisting of the Advisor, an RN and Mobility Specialist focus on empowering participants to define and direct their own personal assistance needs and services. The Service Advisor guides and supports, rather than directs and manages, the participant through the service planning and delivery process.

#### o FISCAL INTERMEDIARY SERVICES

Fiscal Intermediary services are designed to assist the participant in allocating funds as outlined in the Individual Service and Spending Plan and to facilitate employment of personal assistance staff by the participant.

#### o PERSONAL CARE ASSISTANCE

Personal Care Assistance services provide direct support, in the home or community, to individuals in performing tasks that due to disability they are functionally unable to complete independently, based on the Individual Service and Spending Plan.

o PARTICIPANT DIRECTED GOODS AND SERVICES

Participant Directed Goods and Services are services; equipment, or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the Individual Service and Spending Plan (including improving and maintaining the individual's opportunities for full membership in the community).

o HOME MODIFICATIONS

Equipment and/or adaptations to an individual's residence to enable the individual to remain in his/her home or place of residence, and ensure safety, security, and accessibility.

o HOME DELIVERED MEALS

The provision of a meal delivered to the waiver recipient's residence.

o PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)

PERS is an electronic device, which enables certain individuals at high risk of institutionalization to secure help in an emergency.

o SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

Specialized Equipment and Supplies are devices, controls, or appliances specified in the Individual Service and Spending Plan, which enables the participant to improve their ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

**0398.40.25 ELIGIBILITY DETERMINATIONS**

**EFF:03/2006**

The DHS Long Term Care/Adult Services (LTC/AS) Unit determines eligibility and calculates the recipient's income to be allocated (if any) to the cost of care. Neither the SSI payment itself nor any of the other income of an SSI recipient

(or former SSI recipients who are Categorically Needy under 1619(b) of the Social Security Act) may be allocated to offset the cost of Waiver services. For other recipients of Waiver services, once eligibility is determined, the recipient's income is reviewed to determine the monthly amount, if any, that the recipient must pay toward the cost of Waiver services.

Eligibility determinations for applicants of Waiver services are conducted as if the applicant were institutionalized.

### **0398.40.30 CONFIRMING MA ELIGIBILITY STATUS**

**EFF:03/2006**

Prior to providing services under the Waiver program, and at each reassessment, the Service Advisement agency and Fiscal Intermediary agency must confirm that the candidate is eligible for Medical Assistance and has an active case number by utilizing the Recipient Eligibility Verification System (REVS).

### **0398.40.35 REDETERMINATION OF ELIGIBILITY**

**EFF:03/2006**

The LTC/AS Unit conducts redeterminations of eligibility in the normal manner each year, unless a change is anticipated sooner.

### **0398.40.40 DETERMINING NEED FOR NURSING FACILITY LEVEL OF CARE**

**Eff:03/2006**

Service Advisement Agency Responsibilities:

The Service Advisement agency has responsibility for evaluating the applicant's need for a level of care provided in a Nursing Facility. If the evaluation indicates the individual requires nursing facility care, the Service Advisement agency completes form CP-1 and forwards it to the Long Term Care Unit at Central Office where it is reviewed and approved.

DHS Responsibilities:

The Office of Medical Review in the Center for Adult Health has the responsibility to review and approve the level of care. In order to ensure that only federally allowable waiver costs are allowed, and whenever any subsequent changes to that plan are made, the Center for Adult Health program staff shall review and approve each participant's service plan prior to the participant receiving Waiver services. Once the

plan is approved, DHS will forward it to the appropriate Service Advisement agency and Fiscal Intermediary agency.

**0398.40.45 SERVICE ADVISEMENT AGENCY RESPONSIBILITIES**  
**EFF:03/2006**

The Service Advisor shall conduct all assessments and assist the participant in developing an individual service plan and shall forward the plan to DHS/CAH for review and approval.

The Service Advisor is the "hub" of all assessments and services to the individual. The Service Advisement agency staff person establishes and maintains the individual service plan and subsequently monitors the provision of services to assure that individual needs are met. The monitoring ensures that the health and welfare of the recipient are protected.

**0398.40.50 CASE MANAGEMENT**  
**EFF:03/2006**

The case management function rests with the Service Advisement agency. The case management function does not include determination of Medical Assistance eligibility or allocation of income.